DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
HCF 11019 (Rev. 06/03)

STATE OF WISCONSIN

WISCONSIN MEDICAID
PRIOR AUTHORIZATION / PHYSICIAN OTOLOGICAL REPORT (PA/POR)

Providers may submit prior authorization (PA) requests by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088.
Instructions: Type or print clearly. Before completing this form, read the Prior Authorization/Physican Otological Report (PA/POR) Completion Instructions (HCF 11019A).

SECTION I — PROVIDER INFORMATION

1. Name — Physician

2. Physician's UPIN, Medicaid Provider Number, or License Number

3. Address — Physician (Street, City, State, Zip Code)

4. Telephone Number — Physician

SECTION II — RECIPIENT INFORMATION

5. Name — Recipient (Last, First, Middle Initial)

6. Date of Birth — Recipient

7. Address — Recipient (Street, City, State, Zip Code)

8. Recipient Medicaid Identification Number

9. Sex — Recipient
☐ Male ☐ Female

SECTION III — DOCUMENTATION

10. Medical History of Hearing Loss

11. Pertinent Otological Findings

		Normal (check below)	Problems (describe)
Right:	Canal	☐	
	Ear Drum	☐	
	Middle Ear	☐	
Left:	Canal	☐	
	Ear Drum	☐	
	Middle Ear	☐	

12. Describe Additional Findings (e.g., results of special studies, such as caloric and postural tests)

13. Clinical Diagnosis of Hearing Status

14. Medical, Cognitive, or Developmental Problems

15. Physician's Recommendations (check all applicable)

☐ I have medically evaluated this patient and refer him / her for a hearing instrument evaluation as follows:
- ☐ One or more of the situations listed below applies to this patient. Therefore, as required by Medicaid regulations, I refer this patient to an audiologist for a hearing instrument evaluation / diagnosis:
  - ☐ The patient is 21 years of age or under.
  - ☐ The patient is behaviorally or cognitively impaired.
  - ☐ The patient has other special needs requiring a comprehensive evaluation or specialized diagnostic tools of a clinically certified evaluation.
- ☐ None of the above situations applies to this patient. Either an audiologist or a hearing instrument specialist may provide the hearing instrument evaluation.
- ☐ A home hearing test is required.

SIGNATURE — Physician

Date Signed

Reset Form